



STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
**REQUEST FOR GEOHYDROLOGIC EVALUATION OF
LIQUID-WASTE TREATMENT FACILITY/SITE**

FOR OFFICE USE ONLY

PROJECT ID NUMBER

DATE RECEIVED

FACILITY OR PROJECT LOCATION

FACILITY OR PROJECT NAME

¼ ¼ SECTION	¼ ¼ SECTION	¼ SECTION	SECTION	TOWNSHIP North	RANGE <input type="checkbox"/> East <input type="checkbox"/> West	QUADRANGLE NAME
-------------	-------------	-----------	---------	-------------------	--	-----------------

WRITTEN LOCATION IF LEGAL DESCRIPTION IS UNAVAILABLE (USE COMMENTS AREA IF NECESSARY)

COUNTY

OWNER INFORMATION

OWNER'S NAME

TELEPHONE

()

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

FACILITY ADDRESS (IF DIFFERENT FROM OWNER'S)	CITY	STATE	ZIP CODE
--	------	-------	----------

EVALUATION REQUESTED BY

NAME AND COMPANY OF REQUESTOR

TELEPHONE

()

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

FACILITY INFORMATION

TYPE OF FACILITY

<input type="checkbox"/> LAGOON	<input type="checkbox"/> LAND APPLICATION
<input type="checkbox"/> STORAGE BASIN	<input type="checkbox"/> RECIRCULATING FILTER BED
<input type="checkbox"/> MECHANICAL TREATMENT PLANT	
<input type="checkbox"/> OTHER _____	
<input type="checkbox"/> MULTIFAMILY SUBSURFACE SOIL ABSORPTION SYSTEM	

CONSTRUCTION MATERIALS

<input type="checkbox"/> EXISTING SOILS
<input type="checkbox"/> CONCRETE
<input type="checkbox"/> OTHER _____

DISCHARGE

<input type="checkbox"/> FACILITIES WILL DISCHARGE TO WATERS OF THE STATE
<input type="checkbox"/> WILL NOT DISCHARGE (NO-DISCHARGE SYSTEM)

TYPE OF WASTE

<input type="checkbox"/> HUMAN	<input type="checkbox"/> LEACHATE
<input type="checkbox"/> ANIMAL	
<input type="checkbox"/> PROCESS/INDUSTRIAL	
<input type="checkbox"/> OTHER _____	

THIS PORTION APPLIES TO LAGOONS AND STORAGE BASINS ONLY

NUMBER OF CELLS

_____ EXISTING
_____ PROPOSED
_____ UNDER CONSTRUCTION

TOTAL ESTIMATED SIZE OF STORAGE BASIN/ LAGOON

<input type="checkbox"/> < = 1 acre
<input type="checkbox"/> > 1 acre and < = 2 acres
<input type="checkbox"/> > 2 acres and < = 3 acres
<input type="checkbox"/> > 3 acres and < = 4 acres
<input type="checkbox"/> > than 4 acres

MAXIMUM OPERATING DEPTH OF LIQUIDS

<input type="checkbox"/> < = 5 feet
<input type="checkbox"/> > 5 feet and < = 10 feet
<input type="checkbox"/> > 10 feet and < = 15 feet
<input type="checkbox"/> > 15 feet and < = 20 feet
<input type="checkbox"/> > than 20 feet

MAXIMUM DEPTH OF PROPOSED EXCAVATION IN FEET

WILL FACILITY BE PART OF A CLASS 1A CONFINED ANIMAL FEEDING OPERATION?

☐ YES ☐ NO

IF LAND APPLICATION, SPECIFY RATE IN TOTAL INCHES/SEASON

_____ HIGH _____ LOW

NUMBER OF ACRES TO BE LAND APPLIED

_____ ACRES

WILL OWNER APPLY FOR STATE REVOLVING FUNDS?

☐ YES ☐ NO ☐ MAYBE

IF YES, WILL A NPDES PERMIT BE REQUIRED?

☐ YES (POINT SOURCE)
☐ NO (NON-POINT SOURCE)

SKETCH OR MAP MUST BE SUBMITTED WITH REQUEST!

Attach sketch or a topographic map showing all known wells, springs, sinkholes, caves, and mines within ½ mile of the facility. Show locations of existing test borings, test pits, or excavations which expose soil, if backhoe or other exploration has been done – send copy of results or, if planned, let us know of date. Show the proposed location of the facility, land application areas, and discharge point (if applicable). Please show north arrow on sketch.

COMMENTS

OWNER'S SIGNATURE (INDICATES PERMISSION TO ACCESS PROPERTY FOR EVALUATION)

DATE